

Mandatory Medical Surveillance Risk Assessment Form

To be filled out, signed by the Supervisor and returned to EHS

Please print when completing this form

Name: _____ Start Date: _____ Date of Birth: _____
m/d/yr

- ☐ Contractor New Hire ☐ NCI New Hire ☐ Temporary (less than 1 year)
☐ Job Transfer ☐ Annual

Job Title: _____ Assigned Bldg/Rm: _____

Brief Job Description: _____

Will your employee come into contact with any of the following :
(check all that apply -call EHS @ ext. 1451 with any questions):

- ☐ Administrative Functions Only

NO YES

☐ ☐ Animals (e.g. mice, pigs, dogs, non-human primate, other) *specify* _____

☐ ☐ Biological Materials - **Please indicate only those that apply:**

- ☐ Human or Non-Human primate materials(e.g., blood, body fluids, tissues, cell lines, SIV)
specify _____

- ☐ Potentially infectious materials and biological toxins(e.g., adenovirus, polio, HSV, HIV, vaccinia)
specify _____

- ☐ Recombinant DNA material _____

- ☐ IBC/Pathogen Registration # _____

☐ ☐ Highly Toxic Chemicals – _____

☐ ☐ Respiratory Hazards (e.g., TB, carcinogens)- *Specify* _____

☐ ☐ Ionizing Radiation (e.g., P-32, etc.) –*specify* _____

☐ ☐ Other: (e.g., Non-ionizing Radiation, Class IIIB or IV Laser, Noise Exposure, Forklift Operator)
specify _____

Contact Information

Supervisor: _____ Ext: _____ Supervisor: _____
Printed Name Signature

Administrative Support Contact: _____ Phone Ext: _____

Please send to EHS (ext. 1451) Bldg 426 or fax info to ext. 6619

Office Use Only

EHS _____ Date received _____ OHS _____ Date received _____

☐ OHM Modifications made Notes: _____

OHS Clinician Signature _____ Date: _____